

HAWAII EMPLOYER-UNION HEALTH BENEFITS TRUST FUND
For ACTIVE EMPLOYEES BUS & 45 FORMERLY UNDER THE HSTA VEBA PLAN
Rates Effective 1/1/2011; Extended 7/1/2011

| Benefit Plan | Type of Enrollment | Total Monthly Rate | *Previous Monthly Employer Contribution | Previous Monthly Employee Contribution | Previous Per Pay Employee Contribution | New Monthly Employer Contribution | New Monthly Employee Contribution | New Per Pay Employee Contribution |
|--|--------------------|--------------------|---|--|--|-----------------------------------|-----------------------------------|-----------------------------------|
| MEDICAL PLANS | | | | | | | | |
| HMSA - 90/10 Medical, Drug, RSN Chiropractic, VSP Vision | Self | \$415.88 | \$235.72 | \$180.16 | \$90.08 | \$207.94 | \$207.94 | \$103.97 |
| | Two-Party | \$1,004.28 | \$569.76 | \$434.52 | \$217.26 | \$502.14 | \$502.14 | \$251.07 |
| | Family | \$1,281.62 | \$727.42 | \$554.20 | \$277.10 | \$640.82 | \$640.80 | \$320.40 |
| HMSA - 80/20 Medical, Drug, RSN Chiropractic, VSP Vision | Self | \$310.52 | \$235.72 | \$74.80 | \$37.40 | \$155.26 | \$155.26 | \$77.63 |
| | Two-Party | \$748.58 | \$569.76 | \$178.82 | \$89.41 | \$374.30 | \$374.28 | \$187.14 |
| | Family | \$955.52 | \$727.42 | \$228.10 | \$114.05 | \$477.76 | \$477.76 | \$238.88 |
| Kaiser Comprehensive Medical, Drug, RSN Chiropractic, VSP Vision | Self | \$371.26 | \$235.72 | \$135.54 | \$67.77 | \$185.64 | \$185.62 | \$92.81 |
| | Two-Party | \$897.02 | \$569.76 | \$327.26 | \$163.63 | \$448.52 | \$448.50 | \$224.25 |
| | Family | \$1,145.14 | \$727.42 | \$417.72 | \$208.86 | \$572.58 | \$572.56 | \$286.28 |
| HMSA Supplemental Supplemental Medical, Drug, Vision RSN Chiropractic | Self | \$256.22 | \$139.66 | \$116.56 | \$58.28 | \$128.12 | \$128.10 | \$64.05 |
| | Two-Party | \$617.90 | \$336.70 | \$281.20 | \$140.60 | \$308.96 | \$308.94 | \$154.47 |
| | Family | \$788.88 | \$430.08 | \$358.80 | \$179.40 | \$394.44 | \$394.44 | \$197.22 |
| DENTAL PLAN | | | | | | | | |
| HDS Dental | Self | \$32.30 | \$19.50 | \$12.80 | \$6.40 | \$16.14 | \$16.16 | \$8.08 |
| | Two-Party | \$64.62 | \$39.04 | \$25.58 | \$12.79 | \$32.30 | \$32.32 | \$16.16 |
| | Family | \$106.34 | \$80.76 | \$25.58 | \$12.79 | \$53.16 | \$53.18 | \$26.59 |
| HDS Supplemental Dental | Self | \$17.14 | \$0.00 | \$17.14 | \$8.57 | \$8.56 | \$8.58 | \$4.29 |
| | Two-Party | \$34.34 | \$0.00 | \$34.34 | \$17.17 | \$17.16 | \$17.18 | \$8.59 |
| | Family | \$51.46 | \$0.00 | \$51.46 | \$25.73 | \$25.72 | \$25.74 | \$12.87 |
| VISION PLAN | | | | | | | | |
| VSP Vision | Self | \$6.04 | \$3.64 | \$2.40 | \$1.20 | \$3.02 | \$3.02 | \$1.51 |
| | Two-Party | \$11.18 | \$6.76 | \$4.42 | \$2.21 | \$5.58 | \$5.60 | \$2.80 |
| | Family | \$14.62 | \$8.84 | \$5.78 | \$2.89 | \$7.32 | \$7.30 | \$3.65 |
| LIFE INSURANCE | | | | | | | | |
| Standard Life Insurance | Employee | \$4.16 | \$4.16 | \$0.00 | \$0.00 | \$4.16 | \$0.00 | \$0.00 |

NOTE: These plans were established only for those who were enrolled in the HSTA VEBA Plans prior to 1/1/11. They are not open to new enrollment.